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Testimony of

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Committee on Aging

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Good morning and thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut Commission on Aging is the nonpartisan state agency devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For sixteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Senate Bill 149: An Act Concerning Improved Social Worker to Resident Ratios in Nursing Homes
~ CoA Supports

This proposal seeks to improve the ratio in nursing homes of social workers to residents. National research indicates that the availability of social workers can improve the quality of lives of residents, as well as of their families.

The American Geriatrics Society and the American Association of Geriatric Psychiatry support the important role that nursing home social workers can play in addressing mental health needs of residents. Social workers can be key components of provider teams – along with physicians, nurses, pharmacists, therapists and others – that improve care coordination for residents. They are also essential in managing transitions back to the community – a goal for Connecticut, as part of rebalancing our long-term care system.

It is important to note that provider rates across the long-term care continuum have been problematic. The Commission supports the intent of this bill, if resources are available to meet it.

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Senate Bill 366: An Act Concerning Funding for Adult Day Care Centers

~ CoA Supports

This proposal increases rates paid to adult day centers under our Medicaid program.

The Connecticut Commission on Aging supports this bill as a smart investment in our home- and community-based infrastructure. Adult Day Centers are a critical component to “rebalancing,” a movement that seeks to keep individuals in their homes and communities whenever possible.

Connecticut’s Long-Term Care Needs Assessment, completed in 2007, found that 80% of respondents wanted to remain in their homes as they age. Many are able to do so with both “formal” and “informal” care. “Formal” care includes that provided by home care providers (sometimes through public programs, such as the CT Home Care Program for Elders), nutrition, transportation, visiting nurse care and other supports.

The bulk of care, however, is provided “informally,” by spouses, neighbors, children and friends. In fact, estimates are that over 500,000 Nutmeggers provide informal care to at least one adult. As rewarding as providing this care is, it is also physically and mentally exhausting.

Adult day centers provide needed respite for these informal caregivers, while also providing valuable socialization and recreation to adults with long-term care needs. Like other private providers, adult day centers rely heavily on state Medicaid dollars for their continued success. One of the most cost-effective options for care, adult day centers are paid less than \$67/day by Medicaid, compared with an average nursing home rate of over \$215/day.

Indeed, rate increases for a wide variety of providers and services are needed to ensure a robust home- and community-based network of services, a critical component of rebalancing efforts, such as the Money Follows the Person program. Individuals with long-term care needs cannot flourish in their communities unless they are able to access the services that they need. It should also be noted that nursing homes are also seeking rate increases, to help stabilize the finances to ensure continued availability of skilled nursing facilities for those who need them.

The Commission thanks the Committee for its support of adult day centers and other efforts to help provide choice, dignity and independence for older adults and persons with disabilities. Recognizing the difficult financial climate, we hope this Committee can affirm its support for this rate increase as a priority for our state.

Senate Bill 774: An Act Increasing Eligibility for the Alzheimer’s Respite Program

~CoA Informs

Approximately 70,000 Connecticut residents have Alzheimer’s disease. Of those, about 600 received services through the Alzheimer’s Respite Care program in the first half of Fiscal Year 2011. This worthy program provides a needed break for caregivers of individuals with Alzheimer’s disease and related dementia who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$1 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends.

One of the recommendations of the Long-Term Care Needs Assessment is to provide support for informal caregivers. Research clearly indicates that supporting informal caregivers with programs such

as the Alzheimer's Respite Care Program is critical to keeping individuals out of nursing homes; it keeps caregivers healthy, and allows families to utilize various options in respite allowing for more cost effective solutions.

CoA recognizes the Committee's intent in raising SB 774. However, according to the state Department of Social Services, very few people statewide have been denied access to this program due to its current income limits. In fact, in the past six months, only six applicants were rejected for having income over the current limits; of those, only one would have been accepted based on the limits proposed in this bill.

Additionally, as the Committee knows, the Respite Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money. CoA respectfully suggests that the Committee would make a bigger impact in the promotion of this program by focusing on the line item appropriation.

The Alzheimer's Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home instead of going to institutions and by helping their caregivers continue to provide their important support. The Connecticut Commission on Aging supports all efforts to fund the program, thus allowing individuals to receive the much needed respite that they require.

House Bill 5499: An Act Concerning Financial Assistance to the State's Assisted Living Pilot Projects

~CoA Supports

As illustrated in Connecticut's Long-Term Care Needs Assessment, 80% of those surveyed reported that they want to remain in their homes and communities as they age. Connecticut's assisted living pilot projects provide options to those who otherwise may have inappropriately entered nursing facilities. However, with the current limit of 75 slots, many individuals are on lengthy wait-lists and have limited options for remaining in the community. Additionally, one of the main obstacles for transitioning individuals from nursing homes back to the community under Money Follows the Person is a lack of appropriate, affordable housing. In our office, housing concerns comprise the greatest number of phone calls we receive from constituents.

The Commission on Aging supports this proposal as a critical component of providing affordable, accessible, appropriate housing for all individuals with long-term care needs. Making assisted living more affordable helps Connecticut meet its "rebalancing" goals, as outlined in the state's Long-Term Care Plan.

House Bill 6155: An Act Reducing the Individual Contribution Under the State-Funded Home-Care Program for the Elderly

~CoA Informs

The Connecticut Home Care Program for Elders (CHCPE) provides care at home to approximately 15,000 individuals across the state, through its Medicaid waiver and state-funded components. It is a hallmark program in our state's efforts to rebalance our long-term care system and provide choice and dignity in how people receive long-term care services. Moreover, it is a vital investment for the people of Connecticut and their families: according to the Department of Social Services, **this program saved the state an estimated \$101 million in FY '08** by avoiding nursing home placements.

As this Committee knows, our state implemented a 15% cost-share to the state-funded portion of the CHCPE last January. Due in great part to the Committee's hard work, the cost-share was reduced to 6% in July. The Commission is grateful to the Committee for its dedication to this program.

This new proposal seeks to lower the cost-share to 4% of the services received. As you know, these services – and therefore, the cost share – can vary considerably from month to month, making planning for this expense difficult.

The Commission on Aging respectfully recommends standardizing payments to the participants of the CHCPE, to provide for easier planning by participants and their families. By making this small recommended change, enrollees would pay the same amount each month. This would ensure that the participants are able to budget their monthly payments – similar to gas or electric bills. At the end of the year, any necessary adjustments would be made.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Thank you again for this opportunity to comment. As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.